

Finance 101

Presented by

Dianne Edwards, Ann Moore,
Kathy Brooks and Sandy Tedder

Public Health Administrative
Consultants

Department of Health & Human
Services

Division of Public Health

Local Technical Assistance &
Training Branch



Presentation Content

- Consolidated Agreement & Agreement Addenda
- Budget Preparation & Monitoring
- Time Equivalencies
- WIRM Preparation
- WIRM
- Policy & Procedure Development
- Administrative Monitoring



The Consolidated Agreement

Presented by

Kathy Brooks

Public Health Administrative
Consultant

DHHS DPH LTAT



What is the Consolidated Agreement?

- **Contract between Health Department & DPH**
- **Renewed Annually**
- **Outlines requirements for Local Health Departments and Division of Public Health**
- **Serves as a “roadmap” for compliance with rules & regulations**

<http://publichealth.nc.gov/employees/forms/contracts/agreementAddenda/ConsolidatedAgmt-FY17.pdf>



Consolidated Agreement

- Responsibilities of Department/ Local Public Health Unit
- Funding Stipulations
- Fiscal Control
- Personnel Policies
- Confidentiality
- Civil Rights
- Responsibilities of the State
- Disbursement of Funds
- Amendment of Agreement
- Provision of Termination
- Compliance



Responsibilities of the Local Health Department

- Perform activities in compliance with applicable program rules contained in the North Carolina Administrative Code, as well as all applicable Federal and State laws and regulations.
- Perform the activities specified in the Program Agreement Addenda
- Report client, service, encounter, and other data as specified by applicable program rules VIA HIS!!!



Responsibilities of the Local Health Department

- Enforce all rules adopted by the Commission for Public Health (GS 130A-29)
- Provide to the State a comprehensive community health assessment (CHA) “at least” every 4 years and a State of the County’s Health Report each of the interim 3 years
- Provide formal training for Governing Boards



Responsibilities of the Local Health Department

- Maintenance of Effort (MOE):
 - Staff expenditures of local appropriated funds (maternal health, child health, family planning)
 - Should be completed annually- FY ending May 30, 20XX
 - Assure that expenditures are \geq those reported period beginning July 1, 2010-June 30, 2011
 - Ensure that department is meeting the requirements of the Consolidated Agreement
 - No longer necessary to send to Administrative Consultant- keep on file



Funding Stipulations

- As always, Funding is subject to the availability of State, Federal, and Special Funds
- State, Federal or Special Project funds shall not be used to reduce locally appropriated funds (no supplanting)
- Health department must maintain employee time records



Funding Stipulations

- Provider Participation Agreement with Division of Medical Assistance must be executed
- Must make every effort to collect for Medicaid billable services through public or private third party payors except where prohibited by Federal regulations or State law
- Establish one *charge* for all payors (including Medicaid) based on their costs (your charge is your charge)
- No one shall be refused services solely because of an inability to pay



Health Department shall retain copies of the following budget & expenditure reports:

- **All Funding Authorizations**
- **Monthly certified electronic printed screen of the Expenditure Reports with any amendments (via the ATC website)**
- **Consolidated Agreement**
- **Agreement Addenda**
- **Revisions and other financial records as required by the Records Disposition Schedule**

Fiscal Control

- The Department shall observe the following conditions when budgeting and reporting revenues:
- Locally appropriated funds may not be supplanted by revenues from persons, or public or private third party payors- Which means that you can't use revenue to offset the amount of local dollars that have been budgeted.
- Revenue earned must be used for the activity that generated the revenue with the exception of WCH programs (FP and MH only at this time)



Audit Requirements



- The Department shall have an annual audit performed in accordance with “The Single Audit Act of 1984
- All District Health Departments and Public Health Authorities must complete quarterly a Fiscal Monitoring Report



Personnel Policies

Must adhere to state personnel policies, (GS 126 and 1 NCAC 8)

- Equal employment opportunity
- Affirmative action
- Local classification and salary range
- Recruitment and selection



Confidentiality

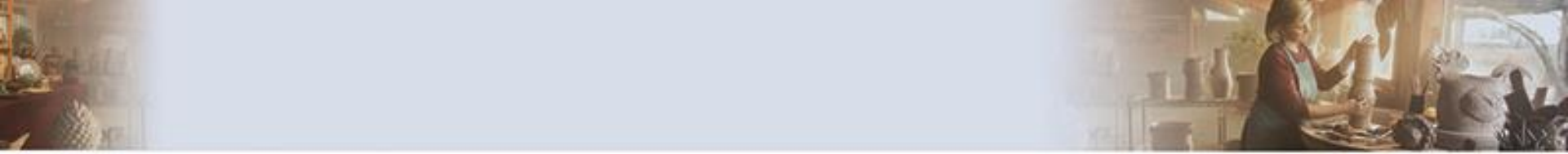
- All information regarding provision of services or other activity under this agreement shall be privileged and be held confidential
- Information cannot be released without proper consent
- All employees must sign confidentiality statements



Civil Rights

- Interpreter services must be provided at no charge to Limited English Proficiency clients for all programs and services supported by federal funds. Must have policies & procedures that comply with:
- Title VI of the Civil Rights Act of 1964;
- Section 504 of the Rehabilitation Act of 1973;
- Title IX of the Education Amendments of 1972;
- Age Discrimination Act of 1975
- American with Disabilities Act 1990





Responsibilities of the State

- Provide training and technical assistance:
- Management Teams/Staffing
- Policy Development
- Program Planning and Implementation
- Quality/Performance Improvement
- General Administrative Consultation
- Board Relations
- Problem Solving



Responsibilities of the State

- Provide “Estimates of Funding Allocations” no later than March 30th (this has been changed from Feb 15th)
- Provide a “Funding Authorization” to the Department after the receipt of the Certified State Budget
- Provide a final Budget Form after receipt of the Certified State Budget



Responsibilities of the State

- Assist with compliance related to all applicable laws, regulations, and standards relating to the activities covered in this agreement
- Be assured that the Department maintains expenditures of locally appropriated funds (MOE) \geq those reported FY 10-11. This amount is provided to the Department for use in budget preparation.



Disbursement of Funds

- The State will disburse funds on a monthly basis; monthly disbursements for each program activity will be based on monthly expenditures reported (in the WIRM)
- You will not receive payment if expenditure reports are not received by the specified time (based on the Controller's office schedule)



Disbursement of Funds



- Total payment by program activity is limited to the total amount of the “Funding Authorization” and any revisions
- Final payments for the FY will be made based on the Final monthly (May services/ submitted in June Report) Expenditure Report



Amendment of Agreement

- Amendments, modifications, or waivers of this agreement may be made at any time by mutual consent of all parties.
- Amendments shall be in writing and signed by appropriate authorities



Provision of Termination

- Either party may terminate this agreement upon sixty (60) days written notice
- If termination should occur, the Department shall receive payment only for allowable expenditures
- The State may withhold payment until it can determine whether a refund is due



Compliance

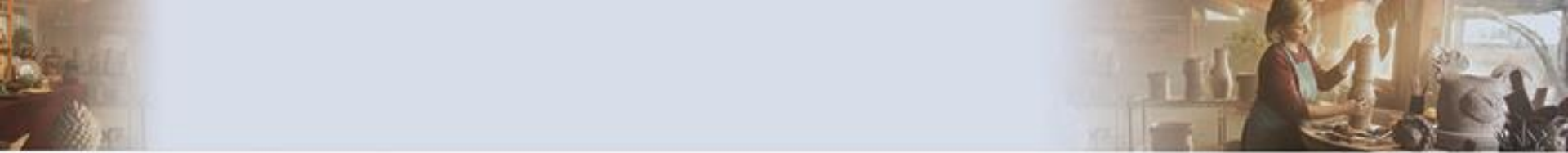
- The State shall respond to non-compliance with all terms of this agreement as follows:
- The State shall give the Department 60 days written notice to comply
- If deficiencies are corrected, department must submit a written corrective action plan



Compliance *continued*

- If deficiencies are not corrected, funds may be temporarily suspended pending negotiation of corrective action plan
- If deficiencies are not corrected within 30 days, funds may be permanently suspended
- Department may be declared ineligible for further State contracts or agreements





Agreement Addenda

**Presented by
Kathy Brooks
Public Health Administrative
Consultant
DHHS DPH LTAT**

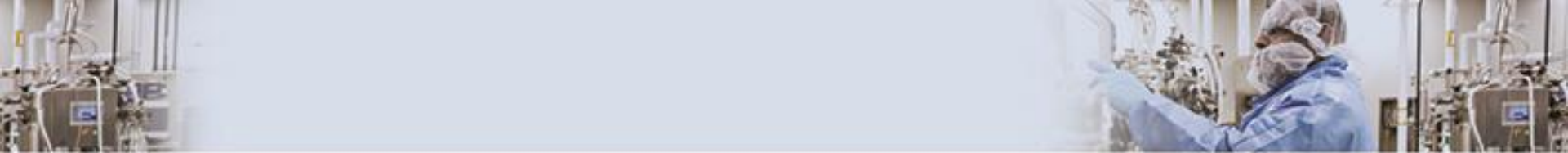


Agreement Addenda

Purpose is to identify:

- **Program specific requirements**
- **Guide clinical and support services through the best practices of care, as well as the legal requirements of staffing, quality and quantity of services.**





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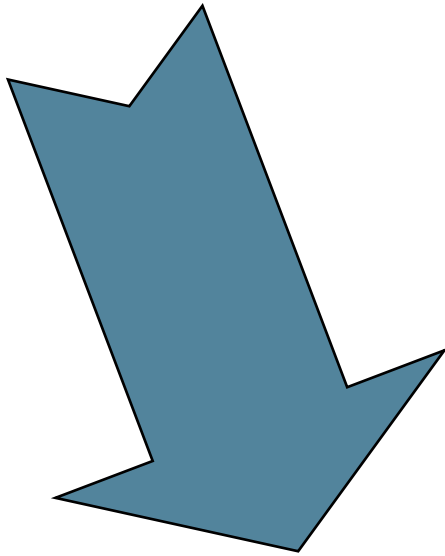
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Division of Public Health Agreement Addendum FY 16–17

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Master	Women’s and Children’s Health / Children and Youth Branch
Local Health Department Legal Name	DPH Section/Branch Name
351 Child Health	Jean Vukoson (919) 707-5644 Jean.Vukoson@dhhs.nc.gov
Activity Number and Description	DPH Program Contact (name, telephone number with area code, and email)
06/01/2016 – 05/31/2017	
Service Period	DPH Program Signature Date (only required for a <u>negotiable</u> agreement addendum)





It is important that the
Health Director use **Blue Ink**
as noted here

Health Director Signature (use blue ink)

Date

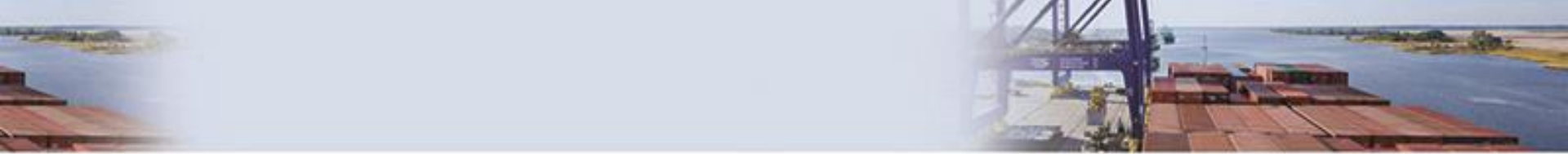
Local Health Department to complete:
(If follow up information is needed by DPH)

LHD program contact name: _____
Phone number with area code: _____
Email address: _____

Signature on this page signifies you have read and accepted all pages of this document.

Revised 8/8/12






- I. Background
- II. Purpose
- III. Scope of Work & Deliverables
- IV. Performance Measurements/
Reporting Requirements
- V. Performance Monitoring and
Quality Assurance

Attachments (for FP)

- A- Non-Medicaid Service Deliverables
- B- Other Program Deliverables
- C- Family Planning Clinical Staffing Levels
- D- Flow Sheet for Title X requirements





Scope of Work and Deliverables:

The Family Planning program has a negotiable Agreement Addendum. Please complete Sections A and B along with the appropriate worksheets (attached). Attachment A and Attachment B worksheets, if needed **must** be returned with the signature page (page 1). Women's Health Branch (WHB) staff will review and approve.

Section A: Non-Medicaid Services (Attachment A)

Amount \$ _____

The Health Department will provide Non-Medicaid Service Deliverables in FY14 that meet or exceed the total dollar value of all services budgeted. Health Information System (HIS) service data as of August 31, 2014 will provide the documentation.

Instructions: Using Attachment A worksheet, local agencies must use the reimbursement rates for each service type in estimating the total cost of Section A deliverables.

Section B: Other Program Services (Attachment B)

Amount \$ _____

If the total estimated cost of Section A is less than the total amount of Department of Health and Human Services (DHHS) funds budgeted in the budgetary estimates in the DPH Aid to County Database (WIRM), additional information must be provided on how the local agency will use the remaining DHHS funds to further the program's goals and objectives. In Attachment B, list only activities that are not Medicaid reimbursable and not part of the cost of the service deliverables in Section A. No physician time can be billed except for clinical visits that are not reimbursed by Medicaid. **The total estimated cost of all Section A and Section B deliverables must equal or exceed the total DHHS funds budgeted.**

Instructions: See Attachment B; Section B, Other Program Deliverables for suggestions of allowable areas of expenditures for this Section. Please return this worksheet with your signed Agreement Addendum, only if Section B/Other Program Deliverables are being used.

Total Family Planning Budget (Attachment A amount + Attachment B amount)

Total Amount \$ _____

Please return to DPH:

- Signature page (page 1)
- Page 2
- Attachment B, if necessary (page 14)
- Attachment C (page 16)

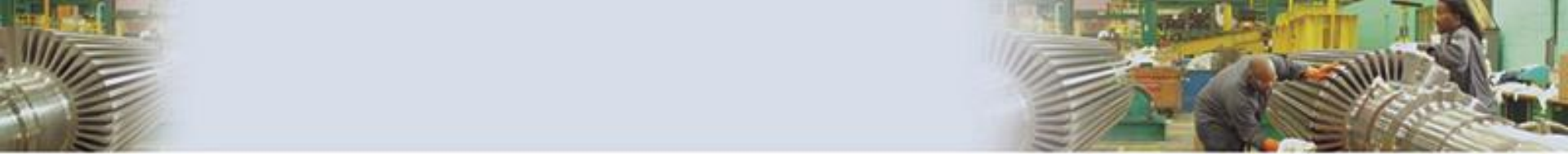


In Summary



- Be certain to send your completed Agreement Addenda in on time- typically noted in the cover letter that comes with the packet
- Review and retain copies of all Agreement Addenda- this is your fiscal guide for the year and contains requirements for drawing down funds
- Ensure that appropriate clinical staff have this information (program coordinators/ DON/etc). Guideline for provision of services and outcomes.





Budget Preparation Maintenance of Effort Business Reports

Presented by

Ann Moore

Public Health Administrative
Consultant

DHHS DPH LTAT



Training Objectives

- **Review Budget Preparation Process**
 - **Discuss Budgeting Requirements**
 - **Discuss Expenditures and Projections**
 - **Discuss Funding Streams and Projections**
 - **Review Maintenance of Effort Requirements**
- **Suggestions for Business Measurement Reports**
- **Suggestions for Increasing Revenues and Decreasing Costs**
- **Suggestions for Creating a Budget Notebook**



NCGS 159

Local Government Finance

NCGS 159-8 (a)

- Each local government and public authority shall operate under an annual balanced budget ordinance adopted and administered in accordance with this article.

NCGS 159-8 (b)

- The budget ordinance of a unit of local government shall cover a fiscal year beginning July 1 and ending June 30.



Different County Budget Types

- One county health department budget
(regardless of the number of program budgets)
- Two or more program budgets within one county budget
- One county budget per program budget



Health Department Expenditures



- **Salaries and Fringe Benefits**
 - **Include Training Expenses if Hiring New Staff**
- **Operating expenses**
 - **Vendor Contracts**
 - **Anticipate Increased Costs**
- **Capital Outlay**
 - **Prior Approval required if cost exceeds \$2500**
 - **For PHP&R \$2500 per invoice**
 - **WIC has special requirements**



Administrative Overhead

- Most DHHS grants reimburse Administrative Overhead Costs
- Some DHHS grants limit by percentage and/or other method
- Still BUDGET overhead expenses if appropriate
 - Use funding source other than program funds



Expenditures Equal Revenues

Health Department Revenues

- **State/federal grant dollars**
- **Local appropriations**
- **Medicaid earnings**
- **Other receipts**
 - **Fees (Self Pay Patients, Companies, etc.)**
 - **Third-party billings (insurance, Medicare, etc.)**
 - **Grants (Kate B. Reynolds, March of Dimes, etc.)**
 - **Contracts, Donations**



State Funding

- Includes State Grants and Federal Grants
- Allocated Annually
- Refer to your Agreement Addendum
- Required Work Activity
- Funding Stipulations
 - Prior Approval for Purchases
 - Limitation on monthly draw down amount
 - Draw down by method other than expenditures



Medicaid Earnings (102)

- Consolidated Agreement C.4.h
 - Must equal or exceed revenues earned during FY 2014-2015
 - Budgeted amounts less than revenues earned during FY 2014-2015 must be justified
- Ensure that denials are rebilled promptly
- Medicaid Cost Settlement
- Single County Health Departments are responsible for providing County Finance with details for posting Medicaid payments



Other Revenues (103)

- Medicare and Other Insurance
- Self Pay Patient Fees
- Company Billing or Other Contracts
- Other Grants
- Donations



Insurance Revenues

- Pursue credentialing with insurance carriers
- CAQH- standard credentialing application
- Ensure that denials are rebilled promptly



Self Pay Patient Fees



- Highest probability of collection is while patient is onsite for visit
- Patient Statements should be mailed monthly
- Payment Agreements are effective **IF** someone follows up
- Utilize NC Debt Setoff
- Family Planning allows required proof of income
- Reminder – all WCH charges must slide



Medicaid, Insurance, and Self Pay

- Consolidated Agreement C.4.b.
 - Revenue Spent in Program where it was Earned
 - WCH revenues, except WIC, can be spent in any WCH program
- Consolidated Agreement C.4.c.
 - Unspent Revenues Carried Forward
- Consolidated Agreement C.4.g.
 - Funds carried forward should be spent in program where earned





Other Revenue Sources

- **Company Contracts**
- **Grants**
 - Kate B. Reynolds
 - March of Dimes
 - Local Grants
- **Donations**
 - Patients
 - Businesses

Local Appropriations (101)

- **Consolidated Agreement B.2**
 - May not be supplanted
- **Consolidated Agreement C.4.2**
 - May not be supplanted
- **Consolidated Agreement A.18**
 - **Maintenance of Effort (MOE) is maintained for Maternal Health, Child Health, and Family Planning**
 - Equal to or Greater than July 1, 1984 – June 30, 1985
 - Adjusted by federally accepted inflation index
 - Attachment B



MOE Form – Local Use Only

North Carolina Department of Health and Human Services Division of Public Health Local Health Department Staff Time/Activity Report for Fiscal Year Ended May 30, 20XX						
Local Health Dept:						
Program	DPH Contract Number	[A] Total Staff Time (Salary/Fringe) in this Program	[B] Salary/Fringe Expenditures Reimbursable by DPH	[C] Salary/Fringe Expenditures Reimbursable by Other Grants *	[D] A-(B+C)=D Local Staff Time (Salary/Fringe) in this Program	
Child Health					\$ -	
Maternal Health					\$ -	
Family Planning					\$ -	
				Total:	\$ -	**
* Other grants refer to non-DPH grants from other governmental agencies or private foundations.						
**This amount will be compared to the "TOTAL" amount entered for Fiscal Year 1984-1985 to determine compliance with the local maintenance of effort requirement of Chapter 479, Section 99 of the 1985 Session Laws.						
CERTIFICATION:		The above information is accurate to the best of our knowledge and belief and has been derived from the employee time and financial records of the Health Department.				
CONTRACTOR SIGNATURES:						
		Health Director		Finance Officer		



Tracking Reports

- Monitor budgets throughout the year and amend as needed
- Ensure that you stay within your budget throughout the year
- Ensure that all chargeable expenses are coded to the appropriate program
- Ensure that billing is current
- Monitor Program Profit/(Loss)



Revenue Spreadsheets

- Revenue Earned Should be Separated by Program and then by Pay Source
- Track each Revenue Source Separately
 - Budgeted Amount
 - Year to Date Revenue
 - Percentage Received
- Total Revenues by Program
- Reconcile with County Finance General Ledger
- Review Monthly during last half of fiscal year





Tracking Revenue is Important

- **Budget Planning**
- **Determine if Budgeting Expectations are Met**
- **Monitor Billing Activity**
 - **Are encounters up to date?**
 - **Are denials corrected and resubmitted?**
 - **Are bills created and mailed?**
 - **Are all allowable services billed?**



Expenditure Spreadsheets



- Track the status of each expenditure line
 - Budgeted Amount
 - Year to Date Expenditure
 - Percentage Spent
- Track total expenditures by Program
- Review Monthly during last half of fiscal year
- Review County Finance Detail General Ledger Monthly



Tracking Expenditures is Important

- **Budget Planning**
- **Determine if Budget Projections are Realistic**
- **Helps to ensure that bills are paid timely**





Performance Reports

- **Separated by Program**
- **Compare Revenue to Expenditures**
- **Will Determine if Each Program is Making Money or Losing Money**
- **Practice Management Financial Worksheet**
- **Practice Management Clinical Worksheet**

Cost Effectiveness

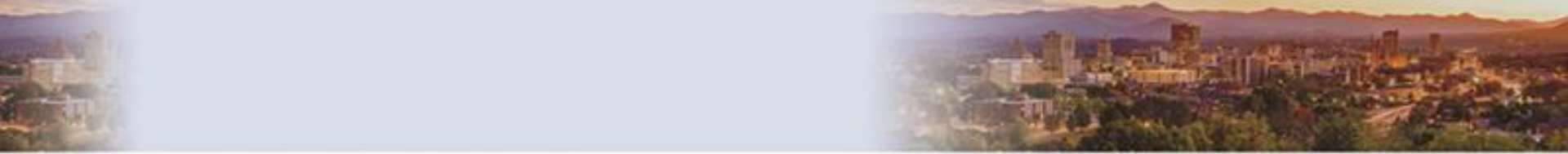
- **Effective Utilization of Staff**
 - Evaluate direct patient contact time
 - Number of staff assigned to clinic
 - Consider No-Show rate
 - Consider increasing number of appointments
- **Evaluate Whether Services are Still Needed**



Budget Notebook – Quick Access

- **Approved County Budget**
- **Current Budget Status**
- **Payroll Positions**
- **Consolidated Agreement**
- **Program Agreement Addenda**
- **Program Funding Authorizations**





References

- **NCGS regarding Budgeting**
http://www.ncleg.net/EnactedLegislation/Statutes/PDF/ByChapter/Chapter_159.pdf
- **NCGS 130A-34 Local Health Departments**
http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/ByArticle/Chapter_130A/Article_2.pdf
- **Practice Management**
<http://publichealth.nc.gov/lhd/> under “Practice Management”



Time Equivalencies

Presented by
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DHHS DPH LTAT



Time Sheet or Time Study



- **Determines cost of salary and fringe for each activity/program**
- **Needed to complete Expenditure Report in WIRM**
- **Required by Consolidated Agreement**



Consolidated Agreement B.6

- **Signed employee time records**
- **Actual work activity**
- **Daily basis**
- **Computed at least monthly**
- **Charged to Federal and State grants**

Reminders

- Include every activity on time study
- Enter time as it was actually worked
- Employee should complete, sign, and date
- Supervisor signature and date required
- Make any corrections with strikethrough and initials



Time Equivalency

- Employee's salary and fringe comes from county payroll register
- Hours worked in each program is converted to percentages
- Salary/Fringe expense is re-calculated for each program based on time sheets
- Total Salary/Fringe from County Expenditure Report should equal Total Salary/Fringe on Time Equivalency



Example of Time Study



NAME: _____ POSITION: _____ MONTH/YEAR: June 2013 TIME STUDY SHEET

CATEGORY - DATE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
Administration																													
Quality Assurance																													
Vital Records																													
Animal Control																													
Environ. Health																													
Childhood Lead																													
Health Ed/H. Prom.																													
Adult Health/Pri. Care																													
Child Health																													
CC4C																													
Children's Special Needs																													
Communicable Disease																													
AIDS/HIV																													
STD																													
TB																													
Immunizations																													
Prep & Response																													
Comm. & Risk																													
Small Pox																													
Strat. Nat. Stockpile																													
Family Planning																													
TANF																													
Maternal Health																													
PCM																													
WIC - Administration																													
WIC - Breastfeeding																													
WIC - Client Services																													
WIC - Nutri Education																													
WIC - BFPC																													
TOTAL HOURS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CATEGORY - DATE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29

CERTIFICATION: I do hereby swear or affirm that the statements provided on this form are true and correct and that my employer, Scotland County, is fully relieved from any further liability for the pay period once I hit the hours recorded above.

Employee: _____ Supervisor: _____

ACCUMULATIVE LEAVE BALANCES:	BEGINNING BALANCE	USED FROM 1ST - 15TH	EARNED 1ST - 15TH	BALANCE AS OF 15TH	EARNED 16TH - 31ST	USED FROM 16TH - 31ST	ACCL BAL
ANNUAL LEAVE	0	0	0	0		0	
SICK LEAVE	0	0	0	0		0	
PETTY LEAVE	0	0		0		0	
COMPTIME/FLEX*	0	0	0	0	0	0	

EARNED COMP TIME / FLEX TIME:

Brought Forward:	0.00
CT Earned This Month: <u> </u> x1.5	0.00
Straight CT/Flex Earned This Month:	
Less Comp./Flex Hrs. Taken This Month:	
Comp/Flex Hrs. Carried Forward:	0.00

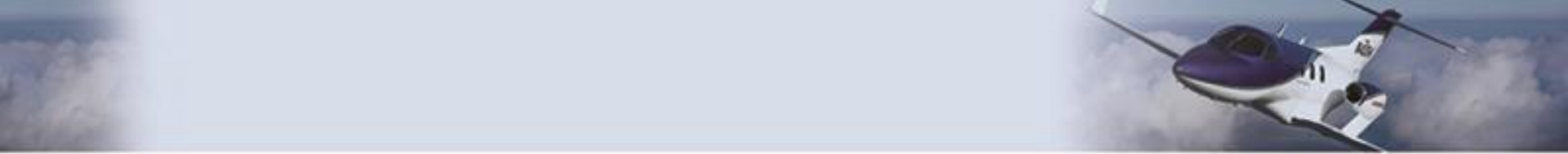
(Must match accumulative leave balance)

SUPERVISOR'S CT APPROVAL: _____

*Comp Time is earned by non-exempt employees with prior approval from their supervisor have completed a 40 hr. work week. Flex Time is earned by exempt employees with prior approval from their supervisor.

Approval of Health Director: _____





WIRM Expenditure Report Preparation

Presented by
Sandy Tedder

Public Health Administrative
Consultant

DHHS DPH LTAT



WIRM

- **Web Identity Role Management**
- **Draw Down State Funding**
- **Report Local Allocations**
- **Completed Monthly**
- **Deadlines set by State Controllers Office**
- **Approved by Health Director**
- **Certified by County Finance Officer**

Items Needed To Prepare WIRM Expenditure Report:

- **County Finance General Ledger Expenditure Report**
- **Time Equivalency Report**
- **Monthly Revenue Sources**
 - **Medicaid earnings by program**
 - **Patient Fees collected for all programs**
 - **Insurance earnings by program**
 - **Grant or Other funding**

Drawing Down State Money



- Refer to your Agreement Addendum
- Required Work Activity
- Funding Stipulations
 - Prior Approval for Purchases
 - Limitation on monthly draw down amount
 - Draw down by method other than expenditures



Checks & Balances

- Total County General Ledger Report for month should balance to the WIRM report for the month
- Program audits to ensure proper draw down of state funds
- Administrative Monitoring to ensure proper method for calculating WIRM



WIRM Login Screenshot

dhhs **WIRM portal**
web identity role management

Login Disclaimer

Name :

Password :

Login

You are not authenticated. Please login to continue.

If you should encounter any WIRM Portal IT Issues please contact
DHHS Customer Support Center at 919-855-3200 opt. #2 or email
DHHS.Customer.Support.Center@dhhs.nc.gov

Business Hours: 7 a.m. - 5:30 p.m. Mon. - Fri.

Password Resets and Security Requests should be directed to your
Agency Security Officer.

WIRM Line Screenshot

http://atc.dhhs.state.nc.us/displaylineitem.aspx DPH Aid To County

File Edit View Favorites Tools Help

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Activity	Fund	RCC	FRC	Description	Begin Date	End Date	Fiscal Year	Remaining Allocations	Amount Requested	Local 101	Local 102	Local 103	Teen Pregnancy Match	DENR	Bi
101	13A1	5740	00	Maternal Health	6/1/2012	5/31/2013	12/13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0
101	13A1	5740	AP	Maternal Health (HMHC)	6/1/2012	9/30/2012	12/13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0
101	13A1	5740	AP	Maternal Health (HMHC)	10/1/2012	5/31/2013	12/13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0
101	ZZZZ	ZZZZ	ZZ	Local Use Only - Maternal Health	6/1/2012	5/31/2013	12/13	\$0.00	\$0.00	\$34,841.87	\$0.00	\$8,000.00	\$0.00	\$0.00	\$0
107	13A1	5107	AP	PCM for Women Ineligible for Medicaid	6/1/2012	9/30/2012	12/13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0
107	13A1	5107	AP	PCM for Women Ineligible for Medicaid	10/1/2012	5/31/2013	12/13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0
107	ZZZZ	ZZZZ	ZZ	Local Use Only - Pregnancy Care Management Women	6/1/2012	5/31/2013	12/13	\$0.00	\$0.00	\$0.00	\$14,295.96	\$0.00	\$0.00	\$0.00	\$0
110	1161	4110	00	General Aid to Counties	6/1/2012	5/31/2013	12/13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0
110	13A1	592A	FP	Pharmacist Services for FP/Title X-1/12th	6/1/2012	6/29/2012	12/13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0
110	13A1	592B	FP	Pharmacist Services for FP/Title X-11/12ths	6/30/2012	5/31/2013	12/13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0
110	ZZZZ	ZZZZ	ZZ	Local Use Only - Pharmacist Services for FP/Title	6/1/2012	5/31/2013	12/13	\$0.00	\$0.00	\$20,311.88	\$0.00	\$0.00	\$0.00	\$0.00	\$0
116	13A1	5116	AP	Healthy Beginnings	10/1/2012	5/31/2013	12/13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0
116	13A1	5116	AP	Healthy Beginnings	6/1/2012	9/30/2012	12/13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0
116	ZZZZ	ZZZZ	ZZ	Local Use Only - Healthy Beginnings	6/1/2012	5/31/2013	12/13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0
125	13A1	510L	JB	Eastern Baby Love Plus	6/1/2012	1/31/2013	12/13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0
125	13A1	510M	JB	Eastern Baby Love Plus	2/1/2013	5/31/2013	12/13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0
125	ZZZZ	ZZZZ	ZZ	Local Use Only - Eastern Baby Love Plus	6/1/2012	5/31/2013	12/13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0
126	13A1	530M	JA	Triad Baby Love Plus	6/1/2012	5/31/2013	12/13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0
126	ZZZZ	ZZZZ	ZZ	Local Use Only - Triad Baby Love Plus	6/1/2012	5/31/2013	12/13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0
127	13A1	520N	JC	Northeastern Baby Love Plus	6/1/2012	5/31/2013	12/13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0

296 Results Available

VIC-FRC GC:

VIC-FRC GD:

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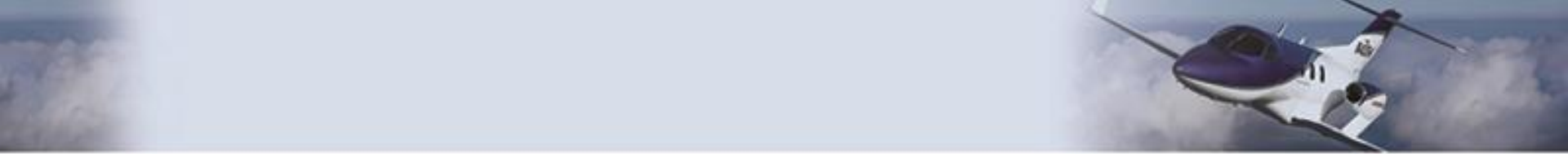


WIRM Totals for the Month



	Totals for the Month
Requested:	\$46,587.37
Loc 101:	\$145,236.45
Loc 102:	\$25,425.54
Loc 103:	\$7,483.25
Teen Pregnancy:	\$0.00
DENR:	\$0.00
Bioterrorism:	\$0.00
Temporary Food Establishment Fees:	\$0.00
Grand Total:	\$224,732.61





Policy & Procedure Development

Presented by

Kathy Brooks

Public Health Administrative
Consultant

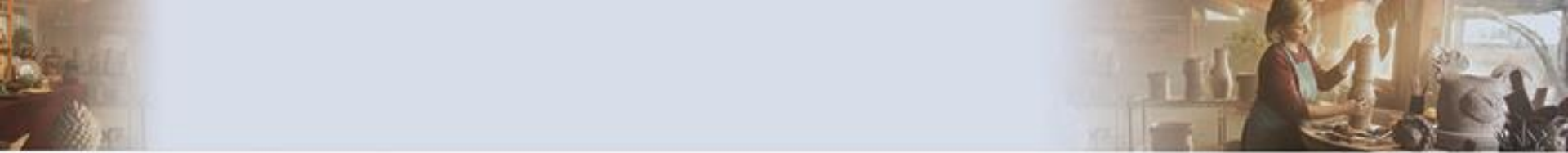
DHHS DPH LTAT





Why do we need Policies & Procedures?



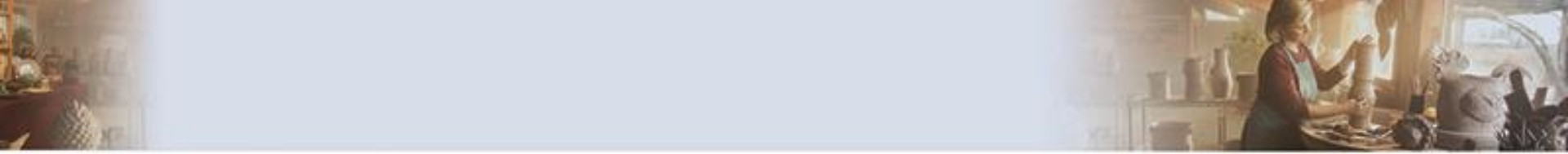


- Roadmap for performing tasks and functions
- Provides consistency and structure
- Reference for staff
- Include required components (i.e. legal and statutory requirements)

What policies should we have?

- Policy on Policies/Formulation of Policies
- Eligibility (include billing steps)
- Fiscal (administrative/division of duties)
- Money handling/deposit
- Fee Policy (what methods you use to set fees and how you implement)
- Medical Records
- Electronic Medical Records/storage & destruction of paper records)
- HIPAA
- Bad Debt Write Off/Debt Set Off
- Title VI- Limited English Proficiency
- Personnel





Check out this link for a
complete list of
Policies & Procedures
Required for Accreditation



Policy on Policies/ Formulation of Policies:

what all of your policies should look like
and the process for approval

- **Goal**
- **Purpose**
- **Definitions**
- **References**
- **Scope/Focus Population**
- **Policy**
- **Service Plan/Plan**
- **Appendices**



Fee & Eligibility Policy and Procedures

- To ensure that all clients who wish to receive services are treated equally
- Needs to be clear and easily interpreted
- Identification (what forms are accepted)
- Economic Unit (what defines it)
- Determining Gross Income (what can you use)
- Sliding scale
- Fee Collection Medicaid, third party payers, patient pay (billing & follow up)
- Eligibility requirements by program (financial and residency)



Fiscal Policy

- Ensure that financial policies and procedures are consistent with The Local Government Finance Act, County Fiscal Guidelines, and the Consolidated Agreement
- Identifies who presents, approves and manages budget
- Ensure that there are checks and balances in place
- Records kept up to date and ready for audit
- Reports are timely and accurate

Money handling

- Procedure for every day money handling
- Segregation of financial management duties and accountability for funds
- Preparation of deposits (when & by whom)

Fee Policy

- To ensure accuracy, consistency and standardization in the development of fees
- Formulation, approval, and execution of establishing new fees for new services, and new fees for existing services.
- What method is used to set fees:
 - Cost of providing the service
 - [Workbook-SettingServiceFees.xls](#)
- Steps to approval
- Updating fee schedule (internally)



Medical Records Policy

The purpose of this policy is:

- To create and maintain an accurate and complete medical or client records of services provided to an individual; to facilitate coordination of services and communication; to meet legal requirements
- Records handling
- Chart order
- Required forms
- Release of Information
- Purging, scanning, retention
- Use Records and Retention guidelines

<http://archives.ncdcr.gov/For-Government>



HIPAA Policy & Procedures

- Provide requirements applicable to specified departments/divisions for protecting the privacy of individually identifiable health information.
- Confidentiality & Release of Information
- Authorization Policy
- Minimum Necessary Policy
- Privacy Protections Policy
- Workforce Policy
- Security of PHI
- Notice of Privacy Practices



Bad Debt Write-Off & Debt Set-Off policy

- Establish a mechanism to age and account for uncollectable debt
- What is considered bad debt (definition)
- How is bad debt handled/what is the process
- How often is bad debt written off
- Who approves the write off
- If you use Debt Set-off, outline the procedures

Title VI also referred to as Limited English Proficiency/Compliance

- Ensure compliance with certain federal and state laws and their implementation regulations.
- Title VI of the Civil rights Act of 1964 prohibits discrimination based on race, color, or national origin by any entity receiving financial assistance.
- Title VI covers deaf/hard of hearing, blind, and other impairments or limitations.



Title VI-continued

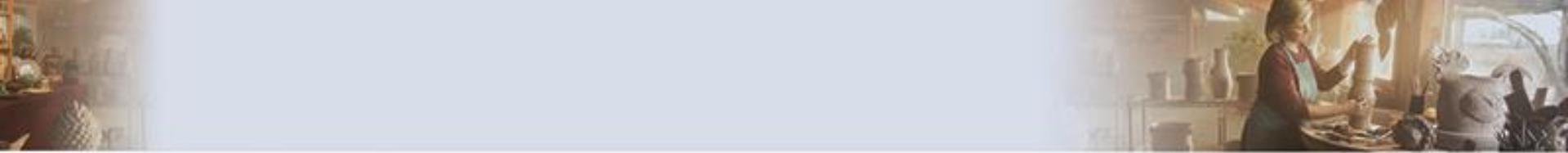
- Title VI also includes the “Limited English Proficiency” rule which requires “Vital documents must be translated when a significant number or percentage of the population eligible to be served, or likely to be directly affected by the program/activity, needs services or information in a language other than English to communicate effectively. For many larger documents, translation of vital information contained within the document will suffice and the documents need not be translated in their entirety”. (LEP.gov)
- Provide access to and utilization of interpreters
- Signage
- Who is your Compliance Officer
- Identify a process for handling complaints



Personnel

- Equal employment opportunity
- Affirmative action
- Local classification & salary range
- Recruitment and selection process
- Adhere to state personnel policies
(GS 126 and 1 NCAC 8)





DPH Administrative Monitoring

Presented by
Dianne Edwards
Public Health Administrative
Consultant
DHHS DPH LTAT





Purpose of Administrative Monitoring

Administrative Monitoring was developed to assure that Local Health departments are in compliance with the Consolidated Agreement, State Program Rules, Title X Requirements, and Local Policies.





Programs Reviewed

The following programs are reviewed as a part of Administrative Monitoring

- Maternal Health
- Child Health
- Family Planning
- STD
- TB
- Immunizations

Areas Reviewed During Administrative Monitoring



- Staff Time Documentation
- Expenditure Reporting
- Budgeting
- Revenue Management
- Patient Fee & Eligibility Policies
- Patient Financial Eligibility Screening
- Medicaid Eligibility
- Residency Requirements
- Accounts Receivable



WHSF and TANF Review

- Expenditure of the total allocation of Women's Health Service Funds and Temporary Assistance for Needy Families are now verified
- Invoices must be available to support all expenditures for both activities for the fiscal year in review
- Expenditures reported in the WIRM are reviewed to determine accuracy





WHSF and TANF Requirements

- **WHSF must be expended for the purchase of Long Acting Reversible Contraceptives**
- **Funds are to be used for non Medicaid clients**
- **TANF funds must be used for the purpose specified in the program Agreement Addenda**

Changes in Monitoring Requirements

- **Completion of the Financial Checklist**
- **Review of Policies and Procedures for processing Denied claims**
- **Fees for 340B contract purchases are reviewed**
- **Review of Billing and Coding Process**



Financial Checklist

- Additional review tool which is now a part of Administrative Monitoring
- County Finance Office maintains many of the policies required for review
- District Health Departments are responsible since they are a separate entity
- Findings related to the Financial Checklist are considered Recommendations for the current monitoring cycle



Financial Checklist Requirements

- **Contracts (Consolidated Agreement)**
- **Budgets**
- **Accounting Procedures**
- **Purchasing Policies and Procedures**
- **Internal Control Policies**
- **Cost Allocation**
- **Inventory System**
- **Staff Time Records & Allocation of Personnel Expense**
- **Expenditure Reporting and Support Documentation**



Billing Policy & Procedures

- Written policy should be in place addressing how denied claims are handled; who is responsible, time frame for processing, steps for processing claims that can be re-billed
-
- Fee Schedule should reflect 340B pricing, and policy should indicate how charges are applied for any drug/device purchased through a 340B contract



Monitoring Process

- Health Director is contacted by the Administrative Consultant 45 days in advance to schedule monitoring visit
- Administrative Consultant will then send letter to confirm monitoring visit
- Monitoring tools and a list of documents needed for review will be sent with the confirmation letter
- Administrative Consultant will complete review on date scheduled



Monitoring Results

Findings are in one of two categories:

- Recommendations: Usually are issues identified that are considered to Best Practice. It is suggested that any recommendations be used to make changes to policies or procedures. No written response is required to address Recommendations
- Funding Conditions: Are any non compliance issues identified related to State or Federal program rules. A written Corrective Action Plan is required to address all Funding Conditions



Monitoring Process

- Findings will be discussed with Health Department staff in exit meeting
- A Monitoring Report will be submitted within 30 days of the review, to Central Office Staff in Raleigh
- After Monitoring Report is received, Health Department will have 30 days to complete Corrective Action Plan to address Funding Conditions
- Health Department will be notified within 30 days of submitting Corrective Action Plan if the plan is acceptable



Frequency of Administrative Monitoring

- Local Health Departments are selected for monitoring based when the Women's and Children's Health Reviews are done
- Administrative Monitoring is done in each LHD on a two year cycle



Exceptions to Monitoring Schedule

Local Health Departments can be monitored more frequently than the two year cycle if either situation occurs

- **If State Program Staff make a specific request for a Local Health Department to be monitored**
- **Problems are identified during monitoring and not resolved through the implementation of a corrective action plan**





Incomplete Fee and Eligibility Policies

- Policies do not state who will be served in each program (i.e. age, county resident)
- Statement “no one will be denied services due to inability to pay” is omitted
- For purposes of Family Planning, financial eligibility screening the statement “Minors and other individuals requesting confidential services are considered a family of one” is omitted



Monitoring Findings

- Policy does not include a description of reasonable billing efforts
- Bad Debt Write Off Policy not in policy
- Bad Debt Write Off Policy included in policy, but not being followed
- Patient Fee and Eligibility Policy not being reviewed on an annual basis
- Financial Eligibilities not completed correctly-missing signatures, incomplete documentation



Monitoring Findings

- Method of income collection not stated in policy
 - Family Planning requires Economic Unit
- Residency requirements for each program not stated in policy



Monitoring Findings

Expenditure Reporting

- **Women's Health Service Funds are expended for appropriate purpose but not reported correctly in the WIRM**
- **Expenditures reported in the WIRM and supporting documentation is not available**



Coding and Billing Audits

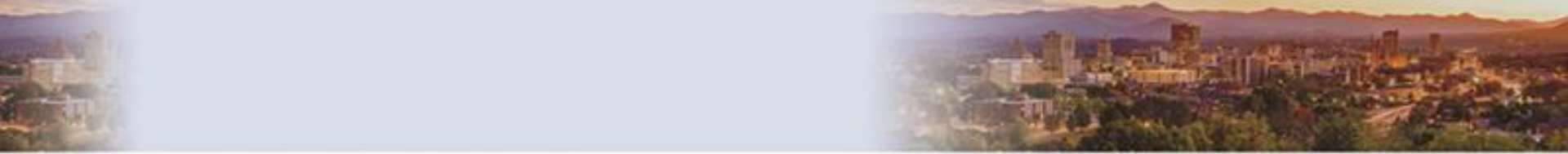
- Reviews will be done by the LTAT Nursing Consultant and the Nursing Consultant assigned to the Health Department
- These were previously done only at the request of a Local Health Department
- Now are mandatory reviews to identify Billing and Coding issues
- Findings will require corrective action



Joint Monitoring Pilot

- Joint Monitoring Pilot is being done in several Local Health Departments throughout the state
- Began in April and will end in June
- WCH Program monitoring, Billing and Coding Audit, and Administrative Monitoring (if due), is being done at the same time
- This is being piloted to determine if it is better for Health Departments if consultants conduct monitoring as a joint effort instead of having individual monitoring visits





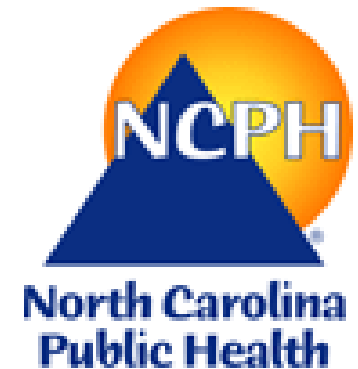
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